

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040684

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 218 Primary Registration District No. 5789 Registrar's No. 42

FILED OCT 30 1963

VS 300
Rev. 4/59

1 6670

2 0670

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4 0

5 3

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7 0

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9 4344

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12 90-8

13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|-------------------------------|--|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Mississippi</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Anniston</u> | | c. CITY OR TOWN <u>Anniston</u> | |
| Length of stay in 1b <u>25 Years</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u> | | d. STREET ADDRESS (If outside, give location) <u>None</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Ernest</u> Middle <u>Johnson</u> Last <u>Johnson</u> | | 4. DATE OF DEATH Month <u>October</u> Day <u>20</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>10/18/85</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u> | |
| 13a. FATHER'S NAME <u>Walter Johnson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Della Patterson</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT Address <u>Mrs. Ora Brown, Charleston, Missouri</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per title for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Natural Causes. Heart Attack</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____ | | 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | |
| 20f. CITY, TOWN, OR LOCATION _____ | | COUNTY _____ STATE _____ | |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>8:00 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Doris Fitzgibbon</u> | | 22b. ADDRESS <u>local registrar East Prairie Missouri</u> | |
| 22c. DATE SIGNED <u>10-26-63</u> | | (State) | |
| 23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Burial</u> | | 23b. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> | |
| 23c. LOCATION (City, town, or county) <u>Charleston, Missouri</u> | | 23d. DATE RECD. BY LOCAL REG. <u>Oct. 26, 1963</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>McMikle, Charleston, Missouri</u> | | 26. REGISTRAR'S SIGNATURE <u>Doris Fitzgibbon</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce R. Austin

Licensed Embalmer No. 5149

P. O. Address Charleston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.